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United Nations

Commission on Population and Development

Report on the forty-third session (3 April 2009 and 12-16 April 2010)

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Summary

The forty-third session of the Commission on Population and Development was held at United Nations Headquarters on 3 April 2009 and from 12 to 16 April 2010. Its special theme was "Health, morbidity, mortality and development".

The Commission considered the report of the Bureau of the Commission on its intersessional meetings, which detailed the work of the Bureau in organizing the session.

The Commission considered two documents on the special theme of the session. The report of the Secretary-General on health, morbidity, mortality and development provided an overview of levels and trends in mortality, noting that life expectancy had increased in all regions since 1950 and that mortality differentials between developed and developing countries had declined. Globally, women expected to live five years longer than men and female life expectancy exceeded that of males in all regions. The report described changes in the causes of death and in the global burden of disease associated with increasing life expectancy, namely, the declining incidence of communicable diseases and the increasing proportion of deaths caused by non-communicable diseases. It noted that low-income countries were facing the double challenge of reducing morbidity from communicable diseases and preventing premature death from non-communicable diseases. The report reviewed the main interventions to combat and treat communicable diseases and to prevent or delay the onset of non-communicable diseases. It argued that a comprehensive approach to health care based on the principles of primary health care was necessary to improve health service provision and that ensuring health coverage for all demanded funding based on risk-sharing. The report also summarized the evidence on the interrelations between health and development and underlined the need to expand the health workforce and provide work incentives to attract and retain health workers in rural areas and low-income countries. The report reviewed the major interventions required to accelerate the achievement of the health-related Millennium Development Goals by 2015, noting that meeting those goals was essential to improve health in low- and middle-income countries. It also provided guidance on measures Governments could take to reduce the risk factors associated with non-communicable diseases, including tobacco use, alcohol abuse, unhealthy diets and lack of exercise. Cost-effective measures involved health education, agricultural policy and regulation of food products, judicious use of taxation, and the strict enforcement of speed limits to reduce traffic accidents.

The second document on the theme of the session was a report on the monitoring of population programmes, focusing on health, morbidity, mortality and development, which provided an overview of the programmatic work of the United Nations Population Fund (UNFPA) to improve maternal health and reduce morbidity and mortality. The report concluded that the most cost-effective interventions to reduce maternal mortality were (a) access to family planning, (b) assistance from skilled birth attendants during delivery and (c) access to emergency obstetric care when needed. The report documented the activities of UNFPA in supporting family planning and midwifery, enhancing reproductive health commodity security, preventing and treating obstetric fistula, eliminating female genital mutilation and cutting, addressing adolescent pregnancy, preventing child marriage, combating the spread of HIV/AIDS, and eliminating all forms of gender-based violence.

The Commission also considered a report on the flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development, which noted that donor assistance had been increasing and was expected to reach an estimated US$ 10 billion in 2008 but, because of the financial crisis, the pace of increase was expected to decline markedly thereafter. The financial resources mobilized by developing countries were also expected to stagnate. Consequently, overall funding levels would fall short of the targets necessary to achieve the Millennium Development Goals and the goals set by the Programme of Action of the International Conference on Population and Development.

The Commission also reviewed a report of the Secretary-General on the implementation of the programme of work of the Population Division of the Department of Economic and Social Affairs in 2009, and took note of the draft programme of work of the Division for the biennium 2012-2013.

The Commission heard keynote addresses by Eduard Bos, Lead Population Specialist at the World Bank; Carissa F. Etienne, Assistant Director-General for Health Systems and Services at the World Health Organization, and Barry Popkin, Carla Smith Chamblee Distinguished Professor of Global Nutrition at the University of North Carolina at Chapel Hill.

In considering actions to follow up the recommendations of the International Conference on Population and Development, the Commission decided that the theme of its forty-fifth session, to be held in 2012, would be "Adolescents and youth".

The Commission also adopted a resolution on health, morbidity, mortality and development. In that resolution, the Commission presented a comprehensive set of guidelines to improve global health. It outlined measures to reach the health-related Millennium Development Goals, especially by urging Governments to redouble efforts to reduce maternal morbidity and mortality by ensuring universal access to reproductive health, including family planning, and by integrating HIV/AIDS interventions into programmes for primary health care, sexual and reproductive health, and mother and child health. It emphasized the urgency of combating the main causes of child morbidity and mortality and urged Governments to increase efforts to control and eliminate neglected tropical diseases. It recognized that non-communicable diseases are the major cause of death and of the burden of disease globally and called on Governments to give greater attention to measures to prevent and control them. By the resolution the Commission reaffirmed the values and principles of primary health care and called for the strengthening of health systems on the basis of a comprehensive approach that includes a focus on health financing and the health workforce. It further highlighted the importance of protecting human rights and eliminating all forms of discrimination against women and girls. It called for measures to reduce the risk factors leading to non-communicable diseases, particularly by improving diets, promoting exercise, reducing tobacco and alcohol use, and combating drug addiction. It reaffirmed advances made in increasing flexibility in regard to intellectual property so as to promote access to medicines for all. It emphasized the role of education and health literacy in improving health outcomes, and it called upon Governments and the international community to develop health workforce strategies, a code of practice on international recruitment of health personnel and incentive strategies to combat the lack of health workers in underserved areas.

The Commission heard a statement by the President of the Economic and Social Council on the contribution of population and development issues to the theme of the annual ministerial review in 2010: "Implementing the internationally agreed goals and commitments in regard to gender equality and empowerment of women". The statement was followed by an informal dialogue with members of the Commission and observer States.

The Commission approved the draft provisional agenda for its forty-fourth session and adopted the report on its forty-third session.

[30 April 2010]

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Chapter I

Matters calling for action by the Economic and Social Council or brought to its attention

A. Draft decision

1. The Commission recommends to the Economic and Social Council the adoption of the following draft decision:

Report of the Commission on Population and Development on its forty-third session and provisional agenda for its forty-fourth session*

The Economic and Social Council:

(a) Takes note of the report of the Commission on Population and Development on its forty-third session;[1]

(b) Approves the provisional agenda for the forty-fourth session of the Commission as set out below:

Provisional agenda

1. Election of officers.[2]

2. Adoption of the agenda and other organizational matters.

Documentation

Provisional agenda for the forty-fourth session of the Commission

Note by the Secretariat on the organization of the work of the session

Report of the Bureau of the Commission on its intersessional meetings

3. Actions in follow-up to the recommendations of the International Conference on Population and Development.

Documentation

Report of the Secretary-General on fertility, reproductive health and development

Report of the Secretary-General on the monitoring of population programmes, focusing on fertility, reproductive health and development

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* For the discussion, see chap. VI.

[1] *Official Records of the Economic and Social Council, 2010, Supplement No. 5* (E/2010/25).

[2] In accordance with its decision 2004/2, the Commission, immediately following the close of its forty-third session, will hold the first meeting of its forty-fourth session for the sole purpose of electing the new Chairperson and other officers of the Commission, in accordance with rule 15 of the rules and procedure of the functional commissions of the Council.

Report of the Secretary-General on the flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development

4. General debate on national experience in population matters: fertility, reproductive health and development.

5. General debate on the further implementation of the Programme of Action of the International Conference on Population and Development in light of its twentieth anniversary.

6. General debate on the contribution of population and development issues to the theme of the annual ministerial review in 2011.

7. Programme implementation and future programme of work of the Secretariat in the field of population.

Documentation

Report of the Secretary-General on world demographic trends

Report of the Secretary-General on programme implementation and progress of work in the field of population, 2010

8. Provisional agenda for the forty-fifth session of the Commission.

Documentation

Note by the Secretariat containing the draft provisional agenda for the forty-fifth session of the Commission

9. Adoption of the report of the Commission on its forty-fourth session.

B. Matters brought to the attention of the Council

2. The following resolution and decisions adopted by the Commission are brought to the attention of the Council:

Resolution 2010/1
Health, morbidity, mortality and development*

The Commission on Population and Development,

Recalling the Programme of Action of the International Conference on Population and Development[3] and the key actions for its further implementation,[4]

Recalling also the United Nations Millennium Declaration[5] and the 2005 World Summit Outcome,[6] as well as General Assembly resolution 60/265 of 30 June

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* For the discussion, see chap. II.

[3] *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

[4] General Assembly resolution S-21/2, annex; *Official Records of the General Assembly, Twenty-first Special Session, Supplement No. 3* (A/S-21/5/Rev.1); and A/S-21/PV.9.

[5] See General Assembly resolution 55/2.

[6] See General Assembly resolution 60/1.

2006 on the follow-up to the development outcome of the 2005 World Summit, including the Millennium Development Goals and the other internationally agreed development goals,

Recalling further the outcomes of the major United Nations conferences and summits in the economic, social and related fields, especially those related to global health,

Recognizing that the full implementation of the Programme of Action of the International Conference on Population and Development and the key actions for its further implementation, including those related to sexual and reproductive health and reproductive rights, which would also contribute to the implementation of the Beijing Platform for Action,[7] population and development, education and gender equality, is integrally linked to global efforts to eradicate poverty and achieve sustainable development and that population dynamics are all-important for development,

Recalling all General Assembly resolutions related to global public health, including those related to global health and foreign policy,[8]

Welcoming the ministerial declaration of the 2009 high-level segment of the Economic and Social Council, on the theme "Implementing the internationally agreed goals and commitments in regard to global public health",[9]

Welcoming also the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, adopted at the high-level segment of the fifty-second session of the Commission on Narcotic Drugs, held in Vienna from 11 to 20 March 2009,[10]

Welcoming further the declaration adopted at the First Global Ministerial Conference on Road Safety: Time for Action, held in Moscow on 19 and 20 November 2009,

Taking note of the decision of the Economic and Social Council to devote the high-level segment of its substantive session of 2010 to the theme "Implementing the internationally agreed goals and commitments in regard to gender equality and the empowerment of women",

Taking note with appreciation of the initiative of the Government of the Russian Federation to organize an international conference on non-communicable diseases in Moscow in June 2011,

Recalling that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,

Recognizing that population dynamics, development, human rights, and sexual and reproductive health and reproductive rights, which contribute to the implementation of the Programme of Action of the International Conference on

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[7] *Report of the Fourth World Conference on Women, Beijing, 4-15 September 1995* (United Nations publication, Sales No. E.96.IV.13), chap. I, resolution 1, annex II.

[8] See General Assembly resolutions 63/33 and 64/108.

[9] See *Official Records of the General Assembly, Sixty-fourth Session, Supplement No. 3* (A/64/3/Rev.1).

[10] See *Official Records of the Economic and Social Council, 2009, Supplement No. 8* (E/2009/28), chap. I, sect. C; see also A/64/92-E/2009/98, sect. II.A.

Population and Development and the Beijing Platform for Action, empowerment of young people and women, gender equality, rights of women and men to have control over and decide freely and responsibly on matters related to their sexuality and reproduction free of coercion, discrimination and violence, based on mutual consent, equal relationships between women and men, full respect of the integrity of the person and shared responsibility for sexual behaviour and its consequences, are important for achieving the goals of the Programme of Action of the International Conference on Population and Development,

Noting with concern that, despite some progress made in public health in the last decade, for millions of people throughout the world the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, including, inter alia, access to medicines, vaccines and commodities, equipment and other supplies and to comprehensive primary health-care services, health promotion and disease prevention, still remains a distant goal and that, in many cases, especially for those living in poverty and populations in vulnerable or marginalized situations, this goal is becoming increasingly remote,

Emphasizing that poverty is a major common denominator in health-related issues and is responsible for the serious worsening, above all in developing countries, of the main health indicators, deterioration of living standards, shortening of the average life expectancy and persistence of, and in some cases, the increase in preventable diseases and deaths, particularly of children,

Expressing deep concern that hundreds of thousands of women die every year from largely preventable complications related to pregnancy or childbirth; that, for every death, an estimated twenty additional women and girls suffer from pregnancy-related and childbirth-related injury, disability, infection and disease; that more than 200 million women worldwide lack access to safe, affordable and effective forms of contraception, and that complications from pregnancy and childbirth are one of the leading causes of death for women between the ages of 15 and 19, in particular in many developing countries,

Noting that, as reported by the World Health Organization, the causes of maternal death, in order of prevalence worldwide, include severe bleeding (haemorrhage), infections, complications due to unsafe abortion, high blood pressure in pregnancy (eclampsia), obstructed labour, and other direct causes, accounting for an estimated 80 per cent of maternal mortality worldwide, as well as other indirect causes,

Emphasizing that achieving the health-related Millennium Development Goals is essential to socio-economic development and poverty eradication, concerned by the relatively slow progress in achieving them, especially in reducing maternal mortality, and mindful that special consideration should be given to the situation in the least developed countries and in Africa,

Noting with concern that perinatal mortality continues to be alarmingly high in many countries, contributing substantially to the lack of progress in the reduction of child mortality and improved maternal health,

Expressing deep concern that some nine million children under five years of age die every year from conditions that are largely preventable and treatable and, in that context, reaffirming the objectives of the Programme of Action of the International Conference on Population and Development concerning the reduction

of infant and child mortality, and recognizing the importance of promotion and respect for the rights of the child for the achievement of health-related goals, in particular Millennium Development Goal 4,

Recognizing that communicable diseases, which have been prioritized by the Millennium Development Goals, such as HIV/AIDS, malaria and tuberculosis, as well as other communicable diseases and neglected tropical diseases, pose severe risks for the entire world and serious challenges to the achievement of development goals,

Recognizing also that an epidemiological transition is now under way in all regions of the world, indicating an increase in chronic and degenerative diseases, while high levels of infectious and parasitic diseases persist in many developing countries and countries with economies in transition that are confronting the double burden of fighting emerging and re-emerging communicable diseases, such as HIV/AIDS, tuberculosis and malaria, in parallel with the increasing threat of non-communicable diseases,

Recognizing further that the emergence of non-communicable diseases is imposing a heavy burden on society, one with serious social and economic consequences, and that there is a need to respond to cardiovascular diseases, cancers, diabetes and chronic respiratory diseases, which represent a leading threat to human health and development,

Concerned about the persistence of health inequities, both among and within countries, and gender disparities that have resulted in detrimental health and mortality outcomes and are impeding the improvement of health among women, and noting that such inequities result from economic and social determinants that can be addressed by heeding the recommendations formulated by the Commission on Social Determinants of Health,[11]

Reaffirming that good public health is better achieved through a combination of good public health policies, including multisectoral policies that stress better nutrition, safe drinking water, hygiene, sanitation and sustainable urbanization and that effectively combat major risk factors,

Noting the increase in the prevalence of non-communicable diseases including, inter alia, cardiovascular diseases, chronic respiratory diseases, cancer and diabetes, in all countries and the developmental challenges posed by it, and recognizing the importance of reducing the prevalence of major risk factors for non-communicable diseases including, inter alia, tobacco use, harmful use of alcohol where its consumption is not against the law, abuse of narcotic drugs and psychotropic substances including amphetamine-type stimulants, unhealthy diets, obesity and lack of physical activity, as identified in the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-Communicable Diseases of the World Health Organization,

Taking note of the reports of the Secretary-General on health, morbidity, mortality and development[12] and on the monitoring of population programmes,

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[11] See Commission on Social Determinants of Health, *Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health: Final Report of the Commission on Social Determinants of Health* (Geneva, World Health Organization, 2008).

[12] E/CN.9/2010/3.

focusing on health, morbidity, mortality and development,[13] and taking note also of the report of the Secretary-General on the flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development,[14]

1. *Reaffirms* the Programme of Action of the International Conference on Population and Development[3] and the key actions for its further implementation;[4]

2. *Reaffirms* its strong commitment to the full implementation of the Programme of Action adopted at the International Conference on Population and Development in 1994, as well as the key actions for the further implementation of the Programme of Action agreed at the five-year review of the Programme of Action, and the Copenhagen Declaration on Social Development and the Programme of Action;[15]

3. *Recognizes* that health and poverty are interlinked and that achieving the health-related goals is central to sustainable development, and encourages Governments to give priority attention to the health-related Millennium Development Goals at the upcoming High-level Plenary Meeting of the sixty-fifth session of the General Assembly;

4. *Encourages* Member States and international organizations to scale up actions aimed to accelerate progress on all health-related targets of the Millennium Development Goals, in particular universal access to reproductive health, immunization and key child survival interventions, HIV prevention, mitigation and treatment, prevention and treatment of neglected tropical diseases, prevention and treatment services for malaria and tuberculosis, and access to affordable safe water and sanitation, the achievement of which would have the greatest impact on public health and development;

5. *Reaffirms* the values and principles of primary health care, including equity, solidarity, social justice, universal access to services, multisectoral action, transparency, accountability and community participation and empowerment, as the basis for strengthening health systems, recalls in this regard the Declaration of Alma-Ata,[16] and recognizes the importance of providing comprehensive primary health-care services, including health promotion and universal access to disease prevention, curative care, palliative care and rehabilitation that are integrated and coordinated according to needs, while ensuring effective referral systems;

6. Recognizes traditional medicine as one of the resources of primary health-care services which could contribute to improved health-care services leading to improved health outcomes, including those targeted in the Millennium Development Goals, and urges States, in accordance with national capacities, priorities, relevant legislation and circumstances, to respect and preserve the knowledge of traditional medicine, treatments and practices, appropriately based on the circumstances in each country, and on evidence of safety, efficacy and quality;

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[13] E/CN.9/2010/4.

[14] E/CN.9/2010/5.

[15] *Report of the World Summit for Social Development, Copenhagen, 6-12 March 1995* (United Nations publication, Sales No. E.96.IV.8), chap. I, resolution 1, annexes I and II.

[16] See *Report of the International Conference on Primary Health Care, Alma-Ata, Kazakhstan, 6-12 September 1978* (Geneva, World Health Organization, 1978).

7. *Urges* Governments to strengthen health systems so that they can deliver equitable health outcomes on the basis of a comprehensive approach by focusing appropriate attention on, inter alia, health financing, the health workforce, procurement and distribution of medicines and vaccines, infrastructure, information systems, service delivery, planning and implementation, universal access, and political will in leadership and governance;

8. *Calls upon* Governments to reduce health inequities by, inter alia, considering the recommendations formulated by the Commission on Social Determinants of Health,[11] and urges the international community to support the efforts of States to address the social determinants of health and to strengthen their public policies aimed at promoting full access to health and social protection for, inter alia, the most vulnerable sectors of society, including, as appropriate, through action plans to promote risk-pooling and pro-poor social protection schemes, and to include support for the efforts of developing countries in building up and improving basic social protection floors;

9. *Emphasizes* the need to increase the accessibility, availability, acceptability and affordability of health-care services and facilities to all people in accordance with national commitments to provide access to basic health care for all, as well as the need to increase the healthy lifespan and improve the quality of life of all people, and to reduce disparities in life expectancy between and within countries;

10. *Recognizes*, in that regard, the significant efforts undertaken by developing countries, including through South-South cooperation and triangular cooperation, and encourages the international community to enhance support for those efforts;

11. *Emphasizes* that advances in health depend, among other factors, on the promotion and protection of all human rights, the promotion of gender equality and the empowerment of women, and the elimination of gender-based discrimination, especially by ensuring equal opportunities for women and men in education, employment and access to social services, including health services; by instituting zero tolerance regarding violence against women and girls, including harmful traditional practices such as female genital mutilation or cutting; by preventing child and forced marriage; and by ensuring women's and men's access to the means to determine the number and spacing of their children;

12. *Urges* Governments, in order to ensure the contribution of the Programme of Action of the International Conference on Population and Development to the internationally agreed development goals, including the Millennium Development Goals, to, inter alia, protect and promote the full respect of human rights and fundamental freedoms regardless of age and marital status, including by eliminating all forms of discrimination against girls and women; working more effectively to achieve equality between women and men in all areas of family responsibility and in sexual and reproductive life; empowering women and girls, promoting and protecting women's and girls' right to education at all levels; providing young people with comprehensive education on human sexuality, on sexual and reproductive health, on gender equality and on how to deal positively and responsibly with their sexuality; enacting and enforcing laws to ensure that marriage is entered into only with the free and full consent of the intending spouses; ensuring the right of women to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free

of coercion, discrimination and violence; combating all forms of violence against women, including harmful traditional and customary practices such as female genital mutilation; developing strategies to eliminate gender stereotypes in all spheres of life and achieving gender equality in political life and decision-making, which would contribute to the implementation of the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the Millennium Development Goals;

13. *Urges* Governments to redouble efforts to reduce maternal morbidity and mortality by ensuring that universal access to reproductive health, including family planning, is achieved by 2015; that health systems provide a continuum of antenatal and neonatal health care, including delivery assistance by skilled health workers and emergency obstetric care; that women receive nutritional support; and that sexual and reproductive health information and services are integrated into HIV/AIDS plans and strategies;

14. *Also urges* Governments to intensify efforts to provide quality delivery care, including during the often neglected early post-natal period, as such care improves health outcomes for both women and children;

15. *Calls upon* Governments to scale up significantly efforts to meet the goal of ensuring universal access to HIV prevention, treatment, care and support, and the goal of halting and reversing the spread of HIV/AIDS by 2015, particularly by integrating HIV/AIDS interventions into programmes for primary health care, sexual and reproductive health, and mother and child health, by strengthening efforts to eliminate the mother-to-child transmission of HIV, and by preventing and treating other sexually transmitted diseases;

16. *Notes with concern* the feminization of the pandemic of HIV/AIDS, especially among young women, and the fact that women now represent 50 per cent of people living with HIV worldwide and nearly 60 per cent of people living with HIV in Africa and, in that regard, reaffirms the commitment to intensify efforts to ensure a wide range of prevention programmes that take account of local circumstances, ethics and cultural values, such as information, education and communication, as well as encouraging responsible sexual behaviour, including abstinence and fidelity, and expanded access to essential commodities, including female condoms and microbicides, through the adoption of measures to reduce costs and improve availability;

17. *Emphasizes* the urgency of combating the main causes of child morbidity and mortality, inter alia, pneumonia, diarrhoea, malaria and malnutrition, through vaccination, long-lasting insecticide-treated bednets, nutritional support, improved sanitation, access to safe drinking water, and access to effective medicines and other treatments, while strengthening health systems;

18. *Stresses* the need to sustain and strengthen progress made in combating tuberculosis and malaria and developing innovative strategies for tuberculosis and malaria prevention, detection and treatment, including strategies to treat co-infection of tuberculosis with HIV, multidrug resistant tuberculosis and extensively drug-resistant tuberculosis, including through ensuring the availability of affordable, good-quality and effective medicines and equipment;

19. *Urges* Governments to increase efforts to control and eliminate neglected tropical diseases, including through increased use of existing medicines,

development of new medicines, research into new modes of vector control, and implementation of appropriate prevention strategies, as well as to make a concerted effort to eradicate poliomyelitis worldwide by intensifying immunization activities and adopting country-specific strategies to address the remaining barriers to stopping poliomyelitis transmission, and emphasizes the importance of strengthening health systems to address communicable diseases;

20. *Also urges* Governments to give increased attention to the prevention and control of non-communicable diseases, further taking into account the social and environmental determinants of non-communicable diseases by, inter alia, taking action to implement the World Health Organization Global Strategy for the Prevention and Control of Non-Communicable Diseases[17] and its related Action Plan;

21. *Urges* Governments to develop and put into effect comprehensive and integrated illicit drug demand reduction policies, programmes and legal frameworks, including prevention and care in the health-care and social services, from primary prevention to early intervention to treatment and to rehabilitation and social reintegration, and in related support services, aimed at promoting health and social well-being, aiming to effectively reduce the direct and indirect adverse consequences of illicit drug abuse for individuals and all societies as a whole, in compliance with the three international drug control conventions and in accordance with national legislation;

22. *Emphasizes* the role of education and health literacy in improving health outcomes over a lifetime, and urges Governments to ensure that health education starts early in life and that special attention is paid to encouraging health-enhancing behaviour among adolescents and young people in a gender-sensitive manner, especially by discouraging the use of tobacco and alcohol, encouraging physical activity and balanced diets, and providing information on sexual and reproductive health that is consistent with their evolving needs and capacities so that they can make responsible and informed decisions in all issues related to their health and well-being and understand the synergies between the various health-related behaviours;

23. *Underlines* the health and rehabilitation needs of victims of terrorism, encompassing both physical and mental health;

24. *Also underlines* its commitment to developing and implementing national strategies that promote public health in programmes or actions that respond to challenges faced by all populations affected by conflict, natural disasters and other humanitarian emergencies, and acknowledges that inequities in access to health care can increase during times of crisis, and that special efforts should be made to maintain primary health-care functions during these periods, as well as to ensure that the needs of the poorest and most vulnerable are met during the post-crisis, peacebuilding and early recovery stages;

25. *Further underlines* the need of people living in situations of armed conflict and foreign occupation for a functioning public-health system, including access to health care and services;

[17] World Health Organization, *Fifty-third World Health Assembly, Geneva, 15-20 May 2000, Resolutions and Decisions, Annexes* (WHA53/2000/REC/1).

26. *Expresses concern* at the continuing increase in road traffic fatalities and injuries worldwide, in particular in developing countries, calls for the implementation of existing General Assembly resolutions aimed at addressing global road safety issues and strengthening international cooperation in this field,[18] and urges Governments to enact comprehensive laws and effective compliance and enforcement measures to protect all road users, including pedestrians, by setting appropriate speed limits and blood alcohol concentration limits, and by encouraging the use of appropriate protection mechanisms, including helmets, seat belts and child restraints;

27. *Recalls* the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property,[19] and urges States, the relevant international organizations and other relevant stakeholders to support actively its wide implementation;

28. *Reaffirms* the right to use to the full the provisions contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights,[20] the Doha Declaration on the Agreement on Trade-Related Aspects of Intellectual Property Rights and Public Health,[21] the decision of the World Trade Organization General Council of 30 August 2003 on the implementation of paragraph 6 of the Doha Declaration[22] and, when formal acceptance procedures are completed, the amendment to article 31 of the Agreement, which provide flexibilities for the protection of public health and, in particular, to promote access to medicines for all, and encourage the provision of assistance to developing countries in this regard; and calls for a broad and timely acceptance of the amendment to article 31 of the Agreement on Trade-Related Aspects of Intellectual Property Rights, as proposed by the World Trade Organization General Council in its decision of 6 December 2005;[23]

29. *Encourages* all States to apply measures and procedures for enforcing intellectual property rights in such a manner as to avoid creating barriers to the legitimate trade in medicines and to provide for safeguards against the abuse of such measures and procedures;

30. *Calls upon* Governments and the international community to develop health workforce strategies and to continue the ongoing work of the World Health Organization on a code of practice on international recruitment of health personnel with a view to its finalization, and to conduct a review of training, recruitment and retention policies in order to provide incentives for health workers to stay in underserved, remote and rural areas, taking into account the challenges facing developing countries in the retention of skilled health personnel, improve the conditions of work and increase the number of health workers to ensure the

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[18] See General Assembly resolutions 57/309, 58/9, 58/289, 60/5, 62/244 and 64/255.

[19] See World Health Organization, *Sixty-first World Health Assembly, Geneva, 19-24 May 2008, Resolutions and Decisions, Annexes* (WHA61/2008/REC/1), World Health Assembly resolution 61.21.

[20] See *Legal Instruments Embodying the Results of the Uruguay Round of Multilateral Trade Negotiations, done at Marrakesh on 15 April 1994* (GATT secretariat publication, Sales No. GATT/1994-7).

[21] See World Trade Organization, document WT/MIN(01)/DEC/2.

[22] See World Trade Organization, document WT/L/540 and Corr.1.

[23] World Trade Organization, document WT/L/641.

attainment of the health-related Millennium Development Goals, in particular by training more skilled birth attendants and midwives in low-income countries;

31. *Also calls upon* donor Governments and the international community to make international cooperation and assistance, in particular external funding, more predictable and better aligned with national priorities and to channel such assistance to recipient countries in ways that strengthen national health systems; welcomes the progress made in developing new, voluntary and innovative financing approaches and initiatives; and emphasizes that innovative financing mechanisms should supplement and not substitute for traditional sources of finance;

32. *Further calls upon* Governments, with the support of regional and international financial institutions and other national and international actors, to adopt appropriate measures to overcome the negative impacts of the economic and financial crises on health, ensuring that policies maintain commitment to the internationally agreed development goals, including the Millennium Development Goals;

33. *Urges* Governments to continue to address the environmental causes of ill health and their impact on development by integrating health concerns, including those of the most vulnerable populations, into strategies, policies and programmes for poverty eradication, sustainable development, and climate change adaptation and mitigation;

34. *Recognizes* that the lack of adequate funding remains a significant constraint to the full implementation of the Programme of Action of the International Conference on Population and Development, calls upon Governments of both developed and developing countries to make every effort to mobilize the required resources to ensure that the health, development and human rights-related objectives of the Programme of Action are met, and urges Governments and development partners to cooperate closely to ensure that resources, including those from the Global Fund to Fight AIDS, Tuberculosis and Malaria, are used in a manner which ensures maximum effectiveness and in full alignment with the needs and priorities of developing countries;

35. *Reaffirms* the need to develop, make use of, improve and strengthen national health information systems and research capacity with, as appropriate, the support of international cooperation, in order to measure the health of national populations on the basis of disaggregated data, including by age and sex, so that, inter alia, health inequities can be detected and the impact of policies on health equity measured;

36. *Requests* the Secretary-General to continue, in the framework of the implementation of the Programme of Action of the International Conference on Population and Development, his substantive work on health, morbidity, mortality and development, including integrating a gender perspective into its analyses and recommendations, in collaboration and coordination with relevant United Nations agencies, funds and programmes and other relevant international organizations, and to continue assessing the progress made in achieving the goals and objectives on health, morbidity, mortality and development set out in the outcomes of the major United Nations conferences and summits, giving due consideration to their implications for development.

Decision 2010/101
Special theme for the Commission on Population and Development in 2012*

The Commission on Population and Development decides that the special theme for the forty-fifth session of the Commission in 2012 shall be "Adolescents and youth".

Decision 2010/102
Documents considered by the Commission on Population and Development at its forty-third session**

The Commission on Population and Development takes note of the following documents:

(a) Report of the Secretary-General on health, morbidity, mortality and development;[24]

(b) Report of the Secretary-General on the monitoring of population programmes, focusing on health, morbidity, mortality and development;[25]

(c) Report of the Secretary-General on the flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development;[26]

(d) Report of the Secretary-General on programme implementation and progress of work in the field of population in 2009: Population Division, Department of Economic and Social Affairs;[27]

(e) Note by the Secretary-General on the proposed strategic framework for the period 2012-2013: subprogramme 6, Population, of programme 7, Economic and social affairs.[28]

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* For the discussion, see chap. II.

** For the discussion, see chap. IV.

[24] E/CN.9/2010/3.

[25] E/CN.9/2010/4.

[26] E/CN.9/2010/5.

[27] E/CN.9/2010/6.

[28] E/CN.9/2010/7.

Chapter II

Actions in follow-up to the recommendations of the International Conference on Population and Development

3. The Commission held a general discussion on item 3 of its agenda, entitled "Actions in follow-up to the recommendations of the International Conference on Population and Development", at its 2nd and 3rd meetings, on 12 April 2010. It had before it the following documents:

(a) Report of the Secretary-General on health, morbidity, mortality and development (E/CN.9/2010/3);

(b) Report of the Secretary-General on the monitoring of population programmes, focusing on health, morbidity, mortality and development (E/CN.9/2010/4);

(c) Report of the Secretary-General on the flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development (E/CN.9/2010/5);

(d) Letter dated 30 March 2010 from the Permanent Representative of China to the United Nations addressed to the Secretary-General (E/CN.9/2010/8);

(e) Statement submitted by the International Planned Parenthood Federation, a non-governmental organization in consultative status with the Economic and Social Council (E/CN.9/2010/NGO/1).

4. At the 2nd meeting, on 12 April, introductory statements were made by the Director of the Population Division of the Department of Economic and Social Affairs; the Assistant Director of the Population Division; the Director of the Technical Support Division of the United Nations Population Fund; and the Chief of the Population and Development Branch of the Technical Support Division of the United Nations Population Fund.

5. At its 3rd meeting, on 12 April, the Commission heard statements by the representatives of Spain (on behalf of the European Union and associated countries), Israel, China and Indonesia, and by the observers for Yemen (on behalf of the Group of 77 and China), Nepal (on behalf of the least developed countries) and Australia.

6. At the same meeting, a statement was also made by the observer for the World Youth Alliance, a non-governmental organization.

Keynote addresses

7. At the 2nd meeting, on 12 April, the keynote speaker, Eduard Bos, Lead Population Specialist at the World Bank, made a presentation on the theme "Population trends, health outcomes and development", and responded to questions raised by the representatives of Uganda, Israel, Brazil, Mexico and Finland and by the observers for Norway and Trinidad and Tobago.

8. At the 4th meeting, on 13 April, the keynote speaker, Carissa F. Etienne, Assistant Director-General for Health Systems and Services at the World Health Organization, addressed the Commission on the theme "Strengthening health systems to address current and future challenges in public health", and responded to questions raised by the representatives of Japan and Israel and the observer for

Norway. The observer for the National Right to Life Educational Trust Fund, a non-governmental organization, also took part in the discussion.

9. At the 6th meeting, on 14 April, the keynote speaker, Barry Popkin, Carla Smith Chamblee Distinguished Professor of Global Nutrition at the University of North Carolina at Chapel Hill, made a presentation on the theme "Global economic and health change: problems and solutions", and responded to a question raised by the representative of Brazil.

10. The observer for the World Youth Alliance, a non-governmental organization, also took part in the discussion.

Action taken by the Commission

Health, morbidity, mortality and development

11. At the 9th meeting, on 16 April, Shoji Miyagawa, Vice-Chair (Japan), reported on the outcome of the informal consultations held on the text of a draft resolution entitled "Health, morbidity, mortality and development".

12. Also at the 9th meeting, the Commission had before it the text of a draft resolution, submitted by the Chair on the basis of informal consultations, circulated in English only.

13. At the same meeting, the Commission adopted the draft resolution (see chap. I, sect. B, resolution 2010/1).

14. After the adoption of the draft resolution, statements were made by the representatives of Israel and Poland and by the observers for Chile, Malta, Denmark (also on behalf of Finland, France, Germany, the Netherlands, Sweden and the United Kingdom) and Norway.[29]

15. At the same meeting, a statement was also made by the observer for the Holy See.

Special theme for the Commission on Population and Development in 2012

16. At its 9th meeting, on 16 April, the Commission had before it a draft decision entitled "Special theme for the Commission on Population and Development in 2012", submitted by the Chair on the basis of informal consultations.

17. Before the adoption of the draft decision, statements were made by the representatives of Zambia (on behalf of the Group of 77 and China) and Mexico.[30]

18. At the same meeting, the Commission adopted the draft decision (see chap. I, sect. B, decision 2010/101).

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[29] Available, when provided to the Secretariat, at http://www.un.org/esa/population/cpd/cpd2010/comm2010.htm.

[30] Available, when provided to the Secretariat, at http://www.un.org/esa/population/cpd/cpd2010/comm2010.htm.

Chapter III

General debate on national experience in population matters: health, morbidity, mortality and development

19. The Commission held a general discussion on item 4 of its agenda, entitled "General debate on national experience in population matters: health, morbidity, mortality and development", at its 3rd to 7th meetings, from 12 to 14 April 2010.

20. At its 3rd meeting, on 12 April, the Commission heard statements by the representatives of the United States of America, Indonesia, China, Belgium, Belarus, Croatia and Sweden and by the observers for Cape Verde (on behalf of the Group of African States) and Portugal.

21. At the same meeting, a statement was made by the observer for the Holy See. A statement was also made by the observer for the International Organization for Migration.

22. At its 4th meeting, on 13 April, the Commission heard statements by the representatives of Kenya, South Africa, Finland, Switzerland, Poland, Pakistan, Israel, Cuba, Japan, Colombia, the Netherlands, Uganda and the Russian Federation and by the observers for Australia (on behalf of the Pacific Islands Forum) and Ghana.

23. At its 5th meeting, on 13 April, the Commission heard statements by the representatives of India, Mexico, Sri Lanka, Brazil, the Gambia, Zambia, Côte d'Ivoire and Spain and by the observers for the Philippines, Peru, Botswana, Canada, Argentina, Norway, the Republic of Korea, Denmark and Nigeria.

24. At the same meeting, statements were made by the representatives of the International Labour Organization and the United Nations International Strategy for Disaster Reduction.

25. At its 6th meeting, on 14 April, the Commission heard statements by the representative of Jamaica and by the observers for Burkina Faso, Swaziland and Malta.

26. At the same meeting, a statement was made by the observer for Partners in Population and Development. Statements were also made by the representatives of the United Nations Development Fund for Women, the United Nations University, the United Nations Environment Programme, the Joint United Nations Programme on HIV/AIDS and the Food and Agriculture Organization of the United Nations, as well as by the representatives of the Economic and Social Commission for Asia and the Pacific and the Economic Commission for Latin America and the Caribbean.

27. At the same meeting, statements were also made by the observers for the following non-governmental organizations: American Association of Retired Persons; International Planned Parenthood Federation; International Union for the Scientific Study of Population; International Women's Health Coalition; and National Right to Life Educational Trust Fund.

28. At the 7th meeting, on 14 April, statements were made by the observers for the following non-governmental organizations: World Population Foundation; Ipas; Global Helping to Advance Women and Children; and Endeavour Forum Inc.

Chapter IV

Programme implementation and future programme of work of the Secretariat in the field of population

29. The Commission held a general discussion on item 5 of its agenda, entitled "Programme implementation and future programme of work of the Secretariat in the field of population", at its 7th meeting, on 14 April 2010. It had before it the following documents:

(a) Report of the Secretary-General on programme implementation and progress of work in the field of population in 2009: Population Division, Department of Economic and Social Affairs (E/CN.9/2010/6);

(b) Note by the Secretary-General on the proposed strategic framework for the period 2012-2013: subprogramme 6, Population, of programme 7, Economic and social affairs (E/CN.9/2010/7).

30. At its 7th meeting, on 14 April, the Commission heard an introductory statement by the Assistant Director of the Population Division of the Department of Economic and Social Affairs.

31. At the same meeting, statements were made by the representatives of the United States, Belarus, Brazil, China, Cuba and Israel and by the observer for Norway.

32. At the same meeting, the representative of the Economic Commission for Latin America and the Caribbean made a statement.

33. Also the same meeting, the Director of the Population Division of the Department of Economic and Social Affairs responded to comments and questions raised.

Action taken by the Commission

Documents considered by the Commission under agenda items 3 and 5

34. At its 9th meeting, on 16 April, upon the proposal of the Chair, the Commission took note of a number of documents submitted under agenda items 3 and 5 (see chap. I, sect. B, decision 2010/102).

Chapter V

Contribution of population and development issues to the theme of the annual ministerial review in 2010

35. The Commission considered item 6 of its agenda, entitled "Contribution of population and development issues to the theme of the annual ministerial review in 2010", at its 8th meeting, on 15 April 2010, and heard an address by the President of the Economic and Social Council.

36. Statements were made by the representatives of Israel, the Netherlands, Indonesia, Brazil and Uganda and by the observers for Australia, Mongolia and Norway.

Chapter VI

Provisional agenda for the forty-fourth session of the Commission

37. At its 9th meeting, on 16 April 2010, the Commission had before it the provisional agenda for the forty-fourth session of the Commission (E/CN.9/2010/L.2/Rev.1).

38. At the same meeting, the Commission adopted the provisional agenda (see chap. I, sect. A).

Chapter VII
Adoption of the report of the Commission on its forty-third session

39. At the 9th meeting, on 16 April 2010, the Vice-Chair and Rapporteur, Agnieszka Klausa (Poland), introduced the draft report on the forty-third session of the Commission (E/CN.9/2010/L.3).

40. At the same meeting, the Commission adopted the draft report and authorized the Vice-Chair and Rapporteur to finalize it.

Chapter VIII
Organization of the session

A. Opening and duration of the session

41. The Commission on Population and Development held its forty-third session at United Nations Headquarters on 3 April 2009 and from 12 to 16 April 2010. The Commission held nine meetings (1st to 9th).

42. At the 2nd meeting, on 12 April 2010, the session was opened by the Chair of the Commission, Daniel Carmon (Israel), who also made a statement.

43. At the same meeting, the representative of Spain made a statement (on behalf of the European Union).

44. At the same meeting, the Under-Secretary-General for Economic and Social Affairs and the Deputy Executive Director of the United Nations Population Fund addressed the Commission.

45. Also at the same meeting, the Director of the Population Division of the Department of Economic and Social Affairs made opening remarks.

B. Attendance

46. The session was attended by 40 States members of the Commission. Observers for other States Members of the United Nations and one non-member State, representatives of organizations and other entities of the United Nations system and observers for intergovernmental and non-governmental organizations also attended. The list of participants is available in document E/CN.9/2010/INF/1.

C. Election of officers

47. At its 1st meeting, on 3 April 2009, the Commission elected the following officers:

Chair

Daniel Carmon (Israel)

Vice-Chairs

Agnieszka Klausa (Poland)
Shoji Miyagawa (Japan)
Lizwi Nkombela (South Africa)
Eduardo Rios-Neto (Brazil)

48. At its 2nd meeting, on 12 April 2010, the Commission designated Vice-Chair Agnieszka Klausa (Poland) to also serve as Rapporteur for the session.

49. At the same meeting, the Commission designated Shoji Miyagawa (Japan) to chair the informal consultations.

D. Report of the Bureau of the Commission on its intersessional meetings

50. At the 2nd meeting, the Chair introduced the report of the Bureau of the Commission on its intersessional meetings, as contained in document E/CN.9/2010/2.

51. At the same meeting, the Commission took note of the report of the Bureau.

E. Agenda

52. At its 2nd meeting, the Commission adopted the provisional agenda (E/CN.9/2010/1), which read as follows:

1. Election of officers.
2. Adoption of the agenda and other organizational matters.
3. Actions in follow-up to the recommendations of the International Conference on Population and Development.
4. General debate on national experience in population matters: health, morbidity, mortality and development.
5. Programme implementation and future programme of work of the Secretariat in the field of population.
6. Contribution of population and development issues to the theme of the annual ministerial review in 2010.
7. Provisional agenda for the forty-fourth session of the Commission.
8. Adoption of the report of the Commission on its forty-third session.

53. At the same meeting, the Commission approved the organization of work of the session, as contained in document E/CN.9/2010/L.1.

F. Documentation

54. The list of documents before the Commission at its forty-third session is available on the website of the Population Division (www.unpopulation.org).

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